Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE [ OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE FOR NUMBER FILED BASIC FEE NUMBER EXTRA 370.00 BASIC FEE 740.00 OR TOTAL CHARGEABLE CLAIMS L minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS - minus 3 = X42= X84= OR MULTIPLE DEPENDENT CLAIM PRESENT +140= OR +280= \* If the difference in column 1 is less than zero, enter "0" in column 2 OR TOTAL TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE TIONAL RATE ENDMENT AFTER **PREVIOUSLY EXTRA AMENDMENT** PAID FOR FEE FEE 19 20 Total Minus X\$ 9= X\$18= OR 4 Independent Minus X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR TOTAL OR ADDIT. FEE TOTAL ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-8 REMAINING NUMBER PRESENT ENT RATE TIONAL RATE **PREVIOUSLY** TIONAL **AFTER EXTRA** AMENDMENT PAID FOR FEE FEE MENDA Total Minus X\$ 9= X\$18= OR Independent Minus X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Calumn 1) ADDI-ADDI-TIONAL RATE TIONAL RATE FEE FEE X\$ 9= X\$18≈ OR

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AMENDMENT C	Total	*	Minus	**	=			
	Independent	*	Minus	***	=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." 
\*\*\*If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

OR

X84 =

+280=

ADDIT, FEE

TOTAL

X42=

+140=

ADDIT. FEE

TOTAL

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

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